

## Restructured health system worries Quebec physicians

Quebec physicians say the province's forced merger of community health care clinics (CLSCs), long-term care facilities and local hospitals into a single local service network, doesn't address underlying problems and may compromise primary care. This month, transitional agencies began replacing regional boards, which have been criticized for being too large and unresponsive. The new system — billed as the biggest health care change in Quebec since the 1970s — is slated to be in place by 2006.

The Fédération des médecins omnipraticiens du Québec (FMOQ), representing more than 7800 Quebec FPs, says the real problems are chronic staff and funding shortages.

The association representing medical specialists (FMSQ) agrees that more resources are needed, but supports a more integrated system, saying it may result in shorter waiting lists if patients are transferred out of

hospital into other settings more suited to their needs.

Health and Social Services Minister Philippe Couillard has said that the government wants to reinvest in health care but must first reorganize the system. Creating one integrated network from local hospitals, clinics and long-term care facilities means patients won't have to knock on 3 doors to find the services they need. "Patients won't be stuck in emergency because there's no room for them in home care," explains Couillard's press attaché Cathy Rouleau.

The integrated local service networks were part of a Liberal election promise to downsize regional health boards. "We want these programs to be decentralized to local networks, which are nearest to the population and closer to services," says Rouleau.

Although the FMOQ applauds the minister's goals, it remains skeptical. FMOQ President Dr. Renald Dutil de-

scribes the bill's authoritarian tone as "very worrisome." The government can intervene to impose the new structure on reluctant organizations.

And, since many of the reforms can be achieved under existing law, spokesperson Dr. Jean Rodrigue wonders, "What is the minister's real agenda?"

He is also concerned about whether Bill 25 will allow CLSC services to be eliminated to make up for hospital deficits, and whether patients will be able to seek health care and social services outside their local service networks.

Ultimately, the FMOQ fears that local service networks, run mainly by hospitals, will lead to hospital-centred health care. And although the bill specifies that primary care physicians will be part of local service networks, "there is no guarantee that primary care services will be protected," says Rodrigue. — *Heather Pengelley*, Beaconsfield, Que.



Barbara Sibbald

Jean Lu is ready to help Chinese authors

### GLOBAL HEALTH

## Bridge to China

Chinese researchers will soon be learning how to publish in North American journals from an editor who recently completed a 3-month internship at *CMAJ*. Jinxiu Lu (Jean), deputy editor of the *Journal of Ningxia Medical College (JNMC)*, was exposed to the critical appraisal of scientific manuscripts and learned strategies to pass along to Chinese medical authors. The *JNMC*, a general-interest medical journal, publishes research, case reports, and articles on clinical practice, nursing and education 6 times annually. In addition to a print circulation of 1000, it is available online (<http://nxyxyb.periodicals.net.cn>). Lu, a former teacher of preventive hygiene at Ningxia Medical College, says she can now teach post-graduate students how to organize their research papers. The internship is part of a China Medical Board program to help biomedical researchers in Asia publish more of their work in the English-language literature. The program includes biomedical-writing instruction and a 2-year editor training program. — *CMAJ*